

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MAGA COALITION, INC.

ADDRESS (number and street)

1001 Brickell Bay Drive

Ste 2700

Check if different
than previously
reported. (ACC)

Miami

FL

33131

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00654343

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2018

through

M M M / D D D / Y Y Y Y Y Y
09 30 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hassine, Brian, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Hassine, Brian, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 15 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MAGA COALITION, INC.

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2018

To:

 M M / D D / Y Y Y Y Y
 09 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		38922.67
(b) Cash on Hand at Beginning of Reporting Period.....	53418.21	
(c) Total Receipts (from Line 19)	6341.88	112892.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	59760.09	151815.47
7. Total Disbursements (from Line 31).....	11655.95	103711.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	48104.14	48104.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MAGA COALITION, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4730.00	97050.00
(ii) Unitemized	1611.88	15729.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6341.88	112779.64
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6341.88	112779.64
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	113.16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6341.88	112892.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6341.88	112892.80

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	11655.95	103711.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11655.95	103711.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11655.95	103711.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11655.95	103711.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6341.88	112779.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6341.88	112779.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	11655.95	103711.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	113.16
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	11655.95	103598.17

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bevels, Angie, , ,

Mailing Address 4809 Red Hill Way

City
Ellicott CityState
MDZip Code
21043FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vehicles for ChangeOccupation (for Individual)
Executive Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2018

Transaction ID : SA11AI.5521

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bevels, Angie, , ,

Mailing Address 4809 Red Hill Way

City
Ellicott CityState
MDZip Code
21043FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vehicles for ChangeOccupation (for Individual)
Executive Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 06 / 2018

Transaction ID : SA11AI.5526

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bevels, Angie, , ,

Mailing Address 4809 Red Hill Way

City
Ellicott CityState
MDZip Code
21043FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vehicles for ChangeOccupation (for Individual)
Executive Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2018

Transaction ID : SA11AI.5537

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

105.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City
Cortez

State
CO

Zip Code
81321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

07 / 21 / 2018

Transaction ID : SA11AI.5542

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City
Cortez

State
CO

Zip Code
81321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

07 / 23 / 2018

Transaction ID : SA11AI.5470

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City
Cortez

State
CO

Zip Code
81321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

485.00

Date of Receipt

07 / 28 / 2018

Transaction ID : SA11AI.5523

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City
Cortez

State
CO

Zip Code
81321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

08 / 21 / 2018

Transaction ID : SA11AI.5545

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City
Cortez

State
CO

Zip Code
81321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 23 / 2018

Transaction ID : SA11AI.5509

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City
Cortez

State
CO

Zip Code
81321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 06 / 2018

Transaction ID : SA11AI.5536

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bugg, Kathi, , ,

Mailing Address 1418 Aldridge Road

City
CortezState
COZip Code
81321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Janitorial Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2018

Transaction ID : SA11AI.5428

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gebig, Charles, , ,

Mailing Address 19001 Nalle Rd.

City

N. Ft. Myer

State

FL

Zip Code

33917

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NurseCareerBoard.com

Occupation (for Individual)

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2018

Transaction ID : SA11AI.5403

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Giampietro, Albert, , ,

Mailing Address 41 Woodbridge Road

City

Thorton

State

PA

Zip Code

19373

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sentry Alarm Co Inc

Occupation (for Individual)

Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2018

Transaction ID : SA11AI.5417

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Green, James, , , Jr

Mailing Address 3847 Galicia Road

City

Jacksonville

State

FL

Zip Code

32217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2018

Transaction ID : SA11AI.5427

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gregory, Boyd, , ,

Mailing Address 5146 Red Cedar Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Conterra Ultra Broadband

Occupation (for Individual)

Data Network Engineer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2018

Transaction ID : SA11AI.5531

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gregory, Boyd, , ,

Mailing Address 5146 Red Cedar Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Conterra Ultra Broadband

Occupation (for Individual)

Data Network Engineer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2018

Transaction ID : SA11AI.5539

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gregory, Boyd, , ,

Mailing Address 5146 Red Cedar Lane

City
Charlotte

State
NC

Zip Code
28226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Conterra Ultra Broadband

Occupation (for Individual)
Data Network Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 24 / 2018

Transaction ID : SA11AI.5540

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gutman, Catherine, , ,

Mailing Address 2015 Wilshire Dr.

City
Durham

State
NC

Zip Code
27707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Info Requested Per Best Effort

Occupation (for Individual)
Info Requested Per Best Effort

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 16 / 2018

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Haberlein, Patricia, , ,

Mailing Address 4506 Hersman St., SE

City
Grand Rapids

State
MI

Zip Code
49546

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Info Requested Per Best Effort

Occupation (for Individual)
Info Requested Per Best Effort

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 07 / 2018

Transaction ID : SA11AI.5442

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haberlein, Patricia, , ,

Mailing Address 4506 Hersman St., SE

City

Grand Rapids

State

MI

Zip Code

49546

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Info Requested Per Best Effort

Occupation (for Individual)

Info Requested Per Best Effort

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2018

Transaction ID : SA11AI.5425

Amount of Each Receipt this Period

100.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hassine, Brian, , ,

Mailing Address 1001 Brickell Bay Drive
#2700

City

Miami

State

FL

Zip Code

33131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Business

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

22000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2018

Transaction ID : SA11AI.5475

Amount of Each Receipt this Period

1000.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hassine, Brian, , ,

Mailing Address 1001 Brickell Bay Drive
#2700

City

Miami

State

FL

Zip Code

33131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Business

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

23000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2018

Transaction ID : SA11AI.5513

Amount of Each Receipt this Period

1000.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hassine, Brian, , ,

Mailing Address 1001 Brickell Bay Drive
#2700

City
Miami

State
FL

Zip Code
33131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2018

Transaction ID : SA11AI.5432

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hoffman, Nancy, , ,

Mailing Address 4203 Douglas Rd.

City
Toledo

State
OH

Zip Code
43613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Info Requested Per Best Effort

Occupation (for Individual)
Info Requested Per Best Effort

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2018

Transaction ID : SA11AI.5408

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keaton, Kevin, , ,

Mailing Address 643 Cobblestone Drive

City
Delaware

State
OH

Zip Code
43015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEA LIMITED

Occupation (for Individual)
Senior Fire Investigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2018

Transaction ID : SA11AI.5455

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1075.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Keaton, Kevin, , ,

Mailing Address 643 Cobblestone Drive

City
Delaware

State
OH

Zip Code
43015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEA LIMITED

Occupation (for Individual)
Senior Fire Investigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2018

Transaction ID : SA11AI.5495

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Keaton, Kevin, , ,

Mailing Address 643 Cobblestone Drive

City
Delaware

State
OH

Zip Code
43015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEA LIMITED

Occupation (for Individual)
Senior Fire Investigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2018

Transaction ID : SA11AI.5412

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mayes, Christine, , ,

Mailing Address 34144 North Las Estrellas Lane

City
Queen Creek

State
AZ

Zip Code
85142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Info Requested Per Best Effort

Occupation (for Individual)
Info Requested Per Best Effort

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2018

Transaction ID : SA11AI.5459

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mayes, Christine, , ,

Mailing Address 34144 North Las Estrellas Lane

City

Queen Creek

State

AZ

Zip Code

85142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Info Requested Per Best Effort

Occupation (for Individual)

Info Requested Per Best Effort

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 18 / 2018

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mayes, Christine, , ,

Mailing Address 34144 North Las Estrellas Lane

City

Queen Creek

State

AZ

Zip Code

85142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Info Requested Per Best Effort

Occupation (for Individual)

Info Requested Per Best Effort

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 18 / 2018

Transaction ID : SA11AI.5414

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McManus, Charles, , ,

Mailing Address P.O. Box 255

City

Hardeeville

State

SC

Zip Code

29927

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SC Department of Health

Occupation (for Individual)

Emergency Preparedness

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 27 / 2018

Transaction ID : SA11AI.5436

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rae, Brenda, , ,

Mailing Address 15221 North 44th Street

City
Phoenix

State
AZ

Zip Code
85032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BEAUTY BY BRENDA RAE

Occupation (for Individual)

RN Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

MM / DD / YYYY
07 / 21 / 2018

Transaction ID : SA11AI.5465

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rae, Brenda, , ,

Mailing Address 15221 North 44th Street

City
Phoenix

State
AZ

Zip Code
85032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BEAUTY BY BRENDA RAE

Occupation (for Individual)

RN Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

MM / DD / YYYY
08 / 21 / 2018

Transaction ID : SA11AI.5504

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rae, Brenda, , ,

Mailing Address 15221 North 44th Street

City
Phoenix

State
AZ

Zip Code
85032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BEAUTY BY BRENDA RAE

Occupation (for Individual)

RN Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

825.00

Date of Receipt

MM / DD / YYYY
09 / 21 / 2018

Transaction ID : SA11AI.5420

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smeureanu, Sebastian, , ,

Mailing Address 71 Norwood Avenue

City

Upper Montclare

State

NJ

Zip Code

07043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Lecturing Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2018

Transaction ID : SA11AI.5419

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Spencer II, Bruce, , ,

Mailing Address 3901 S. Carbondale Street

City

Meridian

State

ID

Zip Code

83642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Viable Solutions

Occupation (for Individual)

Warehouse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2018

Transaction ID : SA11AI.5497

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Spencer II, Bruce, , ,

Mailing Address 3901 S. Carbondale Street

City

Meridian

State

ID

Zip Code

83642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Viable Solutions

Occupation (for Individual)

Warehouse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2018

Transaction ID : SA11AI.5413

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spinelli, Lia, , ,

Mailing Address 2515 Marina Bay Dr. #209

City

Fort Lauderdale

State

FL

Zip Code

33312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hargrove Custom Yachts

Occupation (for Individual)

Brokerage and Service Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

07 / 23 / 2018

Transaction ID : SA11AI.5473

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thomas, Lisa, , ,

Mailing Address Info Requested Per Best Efforts

City

Ft. Worth

State

TX

Zip Code

76161

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Info Requested Per Best Effort

Occupation (for Individual)

Info Requested Per Best Effort

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 23 / 2018

Transaction ID : SA11AI.5430

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thorne, Della, , ,

Mailing Address 39 Rosewood Rd.

City

Casco

State

ME

Zip Code

40150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Nail Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 11 / 2018

Transaction ID : SA11AI.5444

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Thorne, Della, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 39 Rosewood Rd. City Casco State ME Zip Code 40150 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Occupation (for Individual) Nail Tech Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2018 Transaction ID : SA11AI.5487 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item
B. Thorne, Della, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 39 Rosewood Rd. City Casco State ME Zip Code 40150 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Occupation (for Individual) Nail Tech Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2018 Transaction ID : SA11AI.5404 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item
C. Ward-Wilson, Margaret, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 154-D Via Don Ray Road City Long Beach State MS Zip Code 39560 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) None Occupation (for Individual) Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2018 Transaction ID : SA11AI.5416 Amount of Each Receipt this Period 25.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			125.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Woods, Richard, , ,

Mailing Address 776 Wagon Wheel Rd.

City
Greenville

State
IL

Zip Code
62246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOODS BASEMENT SYSTEMS, INC

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2018

Transaction ID : SA11AI.5463

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Woods, Richard, , ,

Mailing Address 776 Wagon Wheel Rd.

City
Greenville

State
IL

Zip Code
62246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOODS BASEMENT SYSTEMS, INC

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2018

Transaction ID : SA11AI.5502

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Woods, Richard, , ,

Mailing Address 776 Wagon Wheel Rd.

City
Greenville

State
IL

Zip Code
62246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOODS BASEMENT SYSTEMS, INC

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2018

Transaction ID : SA11AI.5418

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

4730.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Davinci Virtual OfficeMailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
Online Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	2			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.5367**

Amount of Each Disbursement this Period

139.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Davinci Virtual OfficeMailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
Online Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	3			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.5376**

Amount of Each Disbursement this Period

20.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Davinci Virtual OfficeMailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
Online Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	3			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.5378**

Amount of Each Disbursement this Period

139.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

298.09

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Davinci Virtual OfficeMailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
online services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.5398**

Amount of Each Disbursement this Period

15.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Davinci Virtual OfficeMailing Address 2150 South 1300 East, Suite 200
#200City
Salt LakeState
UTZip Code
84106Purpose of Disbursement
online services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	2		2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.5393**

Amount of Each Disbursement this Period

139.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address 1030 Delta Blvd.

City
AtlantaState
GAZip Code
30354Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	4		2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.5399**

Amount of Each Disbursement this Period

805.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

960.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Go DaddyMailing Address 14455 N. Hayden Rd.
Ste 226City
ScottsdaleState
AZZip Code
85260Purpose of Disbursement
Website services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.5383**

Amount of Each Disbursement this Period

119.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Go DaddyMailing Address 14455 N. Hayden Rd.
Ste 226City
ScottsdaleState
AZZip Code
85260Purpose of Disbursement
Website services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	7			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.5386**

Amount of Each Disbursement this Period

5.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Go DaddyMailing Address 14455 N. Hayden Rd.
Ste 226City
ScottsdaleState
AZZip Code
85260Purpose of Disbursement
website services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	7			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.5387**

Amount of Each Disbursement this Period

4.99

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

130.86

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Go DaddyMailing Address 14455 N. Hayden Rd.
Ste 226City
ScottsdaleState
AZZip Code
85260Purpose of Disbursement
website services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2018

FEC Identification Number

C**Transaction ID : SB21B.5394**

Amount of Each Disbursement this Period

4.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Go DaddyMailing Address 14455 N. Hayden Rd.
Ste 226City
ScottsdaleState
AZZip Code
85260Purpose of Disbursement
website services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2018

FEC Identification Number

C**Transaction ID : SB21B.5390**

Amount of Each Disbursement this Period

9.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Go DaddyMailing Address 14455 N. Hayden Rd.
Ste 226City
ScottsdaleState
AZZip Code
85260Purpose of Disbursement
website services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

FEC Identification Number

C**Transaction ID : SB21B.5400**

Amount of Each Disbursement this Period

4.99

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19.96

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Go Daddy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2018

Mailing Address 14455 N. Hayden Rd.
Ste 226City
ScottsdaleState
AZZip Code
85260Purpose of Disbursement
website services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.5401**

Amount of Each Disbursement this Period

5.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mobilecause

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2018

Mailing Address 27001 Agoura Rd
#350ACity
CalabasasState
CAZip Code
91301Purpose of Disbursement
Credit Card Processing

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.5373**

Amount of Each Disbursement this Period

27.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mobilecause

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2018

Mailing Address 27001 Agoura Rd
#350ACity
CalabasasState
CAZip Code
91301Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.5374**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

43.94

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. MobilecauseMailing Address 27001 Agoura Rd
#350ACity
CalabasasState
CAZip Code
91301Purpose of Disbursement
credit card processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2018

FEC Identification Number

C**Transaction ID : SB21B.5388**

Amount of Each Disbursement this Period

30.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MobilecauseMailing Address 27001 Agoura Rd
#350ACity
CalabasasState
CAZip Code
91301Purpose of Disbursement
credit card procesing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2018

FEC Identification Number

C**Transaction ID : SB21B.5389**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MobilecauseMailing Address 27001 Agoura Rd
#350ACity
CalabasasState
CAZip Code
91301Purpose of Disbursement
credit card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2018

FEC Identification Number

C**Transaction ID : SB21B.5395**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

50.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. MobilecauseMailing Address 27001 Agoura Rd
#350ACity
CalabasasState
CAZip Code
91301Purpose of Disbursement
credit card processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	4			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.5396**

Amount of Each Disbursement this Period

27.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MobilecauseMailing Address 27001 Agoura Rd
#350ACity
CalabasasState
CAZip Code
91301Purpose of Disbursement
credit card processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.5392**

Amount of Each Disbursement this Period

1999.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONBUILDER

Mailing Address 520 S. Grand Avenue

City
Los AngelesState
CAZip Code
90071Purpose of Disbursement
Online Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	6			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B.5368**

Amount of Each Disbursement this Period

1290.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3317.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. NATIONBUILDER

Mailing Address 520 S. Grand Avenue

City
Los AngelesState
CAZip Code
90071Purpose of Disbursement
Online Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		16		2018

FEC Identification Number

C**Transaction ID : SB21B.5382**

Amount of Each Disbursement this Period

1290.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NATIONBUILDER

Mailing Address 520 S. Grand Avenue

City
Los AngelesState
CAZip Code
90071Purpose of Disbursement
online services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2018

FEC Identification Number

C**Transaction ID : SB21B.5391**

Amount of Each Disbursement this Period

1290.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 North First Street

City
San JoseState
CAZip Code
95131Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2018

FEC Identification Number

C**Transaction ID : SB21B.5548**

Amount of Each Disbursement this Period

5.16

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2585.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. PPD Ventures LLC

Mailing Address 2939 NW 43rd Ave

City
GainesvilleState
FLZip Code
32605Purpose of Disbursement
Communications Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2018

FEC Identification Number

C**Transaction ID : SB21B.5362**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ringcentral, Inc.

Mailing Address 20 Davis Drive

City
BelmontState
CAZip Code
94002Purpose of Disbursement
Phone services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2018

FEC Identification Number

C**Transaction ID : SB21B.5385**

Amount of Each Disbursement this Period

387.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. South Texas MAGA

Mailing Address 2518 E. GRIFFIN PARKWAY

City
MissionState
TXZip Code
78572Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2018

FEC Identification Number

C**Transaction ID : SB21B.5379**

Amount of Each Disbursement this Period

759.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4147.37

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. Stripe

Mailing Address 185 Berry St #550

City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

FEC Identification Number

C**Transaction ID : SB21B.5518**

Amount of Each Disbursement this Period

16.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16.01

11570.03